

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17055

State File No. \_\_\_\_\_ Registrar's No. 88

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		<u>1495</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1424 W. Nelson St.</u>				d. STREET ADDRESS (If rural, give location) <u>2030 Utica Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) _____ c. (Last) <u>BAYNE</u>			4. DATE OF DEATH <u>May 19, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 1, 1873</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR <u>5</u> Days		IF UNDER 24 HRS. <u>18</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Tillman Bayne</u>			13b. MOTHER'S MAIDEN NAME <u>Mallisa Tolliver</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Bayne (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Paxson Webb City, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic &amp; Lobar Pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Docites</u> DUE TO (c) <u>Curiosis of Lick.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>9 days</u> <u>-</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5810</u>					
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>5-13, 1951</u> , to <u>5-19, 1951</u> , that I last saw the deceased alive on <u>May 19, 1951</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. Wells Fee Sr.</u> (Type or Print) (Degree or title)				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>5/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 22-51</u>		REGISTRAR'S SIGNATURE <u>W. L. Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Missouri</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5492

RECEIVED 5-29-51  
Jasper County Health Office

County File Number 51/5/449

Date Filed 5-29-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.